Great Lakes Border Health Initiative
2007 Conference
Food Safety and Defense Components

Niagara Falls, New York
June 14 - 15, 2007

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Great Lakes Border Health Initiative (GLBHI) 2007 Conference
Partnerships to Improve Identification of International Infectious Disease Issues
Niagara Falls, New York
June 13-15, 2007

Background

Great Lakes Border Health Initiative (GLBHI**)** is a project funded by the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention to improve infectious disease surveillance at international borders. Although the GLBHI is funded at the federal level, and leadership for the program is provided at the state and provincial level, local participation is vital to the initiative's progress and found in most every subcommittee.

Recent examples of foodborne outbreaks - *E. coli* O157:H7 contamination of fresh spinach, *Salmonella* Tennessee contamination of peanut butter - highlight that food products can be effective vehicles for transporting disease agents over large distances. Recognizing this ongoing public health threat, the GLBHI leadership reached out to include food regulatory professions within their membership that previously had been made up of public health professionals focused on communicable disease control.

Initiative partners host an annual conference. This year's conference focused on enhancing partnerships among food regulatory and public health agencies on both sides of the United States/Canadian border in the Great Lakes region.

Conference Objectives

- Introduce individuals to the Great Lakes Border Health Initiative, highlight the group's accomplishments since the 2006 conference and share plans for future endeavors.
- Increase vertical and lateral communications among federal, state, and local public health and emergency management partners in the Great Lakes region.
- Clarify the roles, responsibilities, and authorities of food and public health agencies in Canada and the United States.
- Identify epidemiological and laboratory surveillance and investigation strategies for foodborne illness and deliberate attacks on the food supply and improve the effectiveness of disease control efforts in the Great Lakes region.
- Improve international responses to food contamination incidents in the Great Lakes region by strengthening relationships between key staff from public health and food agencies.
- Enhance infectious disease surveillance at the international borders.

Conference Format

A variety of session formats were used to foster interactive and participative collaboration as follows:

- The newly formed Food Protection and Defense Subcommittee, and other GLBHI subcommittees, met on June 13, 2007 to discuss specific organizational and subject matter issues and to set priorities for the coming year.
- Plenary sessions and a tabletop exercise, both on June 14, 2007, highlighted issues of interest to a broad range of public health and food-related disciplines.
- Breakout sessions on June 15, 2007 allowed additional opportunities to explore areas of multi-disciplinary interest in more detail.

Food Protection and Defense Subcommittee

A new Food Protection and Defense Subcommittee formed in 2007 that identified two priorities for 2007-2008: 1) early identification of food emergencies; and 2) rapid response to these events. Subcommittee members identified specific strategies to pursue including strengthening existing networks, expanding the existing GLHBI Resources (GLHBI Infectious Disease Emergency Communications Guideline and GLHBI Contract List) to include food regulatory personnel, expanding use of the National Center for Food Protection and Defense FoodSHIELD web site, and promoting activities at the local and state/provincial levels to foster improved multi-agency coordination. See Appendix 1 for more details.

Plenary Sessions

- ***The European Union Early Warning and Response System (EWRS)***

Dr. Wolf-Martin Maier, Counselor Food Safety, Health, Consumer Affairs, European Commission

European Model for Disease Control Coordination

The recent well-publicized case of a US citizen traveler with multi-drug resistant TB highlighted some of the disease control challenges facing the international community. The European Union (EU), with 27 member states spanning multiple time zones and a population of 490 million, is familiar with the need for collaboration and coordination. While disease control efforts are coordinated at the EU level, it is recognized that the vast majority of work is done by member states. The EU has made great strides in recent years forging consensus regarding general disease control objectives and expected response capabilities of member states.

Public health efforts in the EU are coordinated through written agreements identifying shared expectations and disease control competencies for member states. These written understandings identify specific mechanisms for coordinating actions and information sharing among member states and the European Commission. The Commission recognized that capacity development must be a long-term objective and has been encouraged by the trend towards increased utilization over time by member states of established information

sharing systems and protocols. Through significant advances in recent years, the EU recognizes that public health systems are evolving and in need of continual refinement.

European Union Center for Disease Control

The EU Center was created in 2005 to serve as the hub for coordination of member state activities and to provide technical resources on a 24/7 basis. During past incidents, the United States Centers for Disease Control and Prevention tried to notify each member country individually. The EU Center now has systems in place to do this more efficiently.
The Center has a series of rapid alert systems that link the various components of farm-to-fork continuum. The Center provides a series of regular reports that provide feedback to member states and generate user interest.

The Center staff seek to add value to member states by combining and coordinating member state resources rather than creating additional layers of bureaucracy. Specific triggers have been identified to recognize events needing to be monitored or managed at the EU level.

Potential Future Directions

Trans-Atlantic food shipments create issues of shared interest as products increasingly have worldwide distribution. There is a growing appreciation, among governments on both sides of the Atlantic, that public health is best protected by addressing problems at their sources and not at the ports of entry. Strategies being used to pursue this objective include bundling and sharing resources to do a better job of focusing resources where the risks actually are (Example: risk-based determination for spot checks).

Dr. Maier concluded that effective collaboration often depends on clear understanding of roles and responsibilities coupled with a long-term commitment to expanding and refining capabilities. Dr. Maier expressed appreciation for the work that the GLBHI has accomplished to date. He indicated that many in the EU welcome opportunities for greater collaboration with North American agencies such as joint exercises or other activities.

- ***Food Network: A Primer in Regulation, Surveillance and Response in Our Jurisdictions***

Mr. Joseph Corby, New York State Department of Agriculture & Markets

Mr. Jay Holmes, Canadian Food Inspection Agency

The two complementary presentations in this session examined interdependencies between human health and the food supply from state and federal perspectives. The Canadian Food Inspection Agency (CFIA) is responsible for federal oversight of the Canadian food supply. Canada’s food production and processing capabilities are concentrated in the Great Lakes region. With approximately 6000 employees, the CFIA utilizes science-based programs to maximize effective utilization of existing resources. While federal authorities in the United

States are responsible for regulation of foods moving in interstate channels, state and local staff accomplish approximately 80% of the total inspections and food regulatory workload done each year. Mr. Corby shared a series of imported food case studies illustrating some of the problems recently encountered. These included: 1) foods obtained from unregistered sources; 2) inadequate ingredient labeling resulting in potential allergic reaction hazards; 3) illegal additives (colors, lead soldered cans); and 4) wild "bush meat" (example: smoked bats from Africa). Both speakers emphasized the need for increased collaboration between all levels of government to better manage food threats.

- ***International Health Regulations: What are they and how do they apply to our work?***

André La Prairie, Public Health Agency of Canada;

Dennis Brodie, Public Health Agency of Canada, Heather Horton, U.S. Centers for Disease Control and Prevention;

Judith W. Munson, International Collaborative for Public Health Emergency Preparedness;

Dr. Kumanan Wilson, University of Toronto/Toronto General Hospital

This international panel discussed the need for timely identification and response to international public health incidents and the framework for managing these incidents provided by the 2005 revision of the International Health Regulations (IHR). The IHR provides the international legal instrument that governs the roles of the World Health Organization (WHO) and countries adopting the IHR. The IHR are designed to prevent and protect against international spread of diseases while minimizing interference with world travel and trade.

Breakout Sessions

- ***International Food Trade: Implications and Initiatives for Better Control***

Bob Hart, BS, Director, Import Operations Branch, U.S. Food and Drug Administration, New York District

Howard Stanley, Ontario Area Import Coordinator, Canadian Food Inspection Agency – Quebec Operations

The objective of this session was to help participants better understand the strengths and limitations of current systems designed to ensure the safety of imported foods. Mr. Hart provided an FDA perspective, and Mr. Stanley the Canadian equivalent.

Managing Food Supply Risks in A Global Economy

The USA and Canadian food supply increasingly depends on interconnected global food distribution networks. Highly visible contamination events have recently illustrated the limited capabilities that current regulatory systems have to protect against all sources of naturally occurring and man-made contamination. The FDA Center for Food Safety and Nutrition (CFSAN) seeks to ensure effective use of existing food regulatory resources by establishing clear priorities. Priorities for fiscal year 2007 include: 1) responding to foodborne outbreaks: 2) egg safety; 3) raw milk products; 4) infant formula safety; 5) molluscan shellfish safety; 6) allergens; 7) foodborne viruses; 8) non-molluscan seafood safety; 9) antibiotic residues; and 10) chemical contaminants. Imported foods significantly impact each of these priority areas.

Life Cycle of Imported Foods

Traditional food regulatory approaches made the 500 ports of entry into the USA the focal points for managing imported food risks. There is increasing interest in better controlling foods both before and after they pass through ports of entry. Experts agree that the most effective option would be to prevent contamination from occurring in the first place. The FDA has registered over 50,000 food establishments in other countries. Onsite inspections of these establishments by FDA staff are possible for only a fraction of the total. A combination of better controls throughout the food distribution system is needed

The volume of food imports into the USA increased from 2 million in 1993 to 19.8 million in 2006. The FDA workforce has not kept pace with this rapidly expanding workload. The number of inspection staff has actually decreased since 2003. Montreal and Toronto are huge international gateways making transshipments of imported foods between Canada and the USA a significant issue.

Increased Multi-agency Collaboration Is Needed

The FDA recognizes the importance of close coordination with other government agencies on both sides of the border. If Canadians can intercept problem foods there is decreased potential for transshipment to USA and vice versa. Canada and the USA fortunately have a demonstrated track record of collaboration upon which to build. This real time effectiveness did not just happen. It is the result of hard work by a combination of the personnel who manage the day-to-day operations on the ground as well as key staff in Ottawa and Washington DC.

On the USA side of the border, the FDA partners with Department of Homeland Security's Custom & Border Protection (CBP). CBP has more import staff than FDA, and while they are not food specialists, they have powerful tools and are willing to act if kept informed. The FDA also has a highly effective food import initiative underway with the New York Department of Agriculture and Markets. This collaboration features joint training, shared use of commuter systems, and coordination of food surveillance activities. Linking the FDA and NY State systems has had a synergistic effect by combining what FDA can do while foods are in import status with what NY authorities can do when foods have passed through ports.

Canadian Food Inspection Agency (CFIA) Overview

The CFIA was created in 1997 by merging four departments into one. The merger had roughly the same effect as if the USDA Animal Plant Health Inspection Services, USDA Food Safety Inspection Service, and U.S. Food and Drug Administration were combined. The CFIA has 14 programs covering a wide range of products "from logs to chocolates." Extensive information about the Canadian food regulatory system is available on the CFIA web site. The on-line Automated Import Reference System (AIRS) is the backbone of the Canadian import system. Anyone can access it to learn more about Canadian import requirements at http://airs-sari.inspection.gc.ca/airs/airs_decisions.asp?l=E .

Science-based Priorities

The CFIA seeks to use science-based programs with priorities set to maximize effective use of existing resources. While the burden of foodborne illness is not increasing, highly visible incidents sometimes create extensive media attention. To address concerns and ensure program effectiveness, the Agency uses formal risk assessments to set priorities for both prevention and surveillance programs. Inspection and sampling procedures are in place at ports for a wide range of agricultural products including animals, plants and food products.

The level of regulatory oversight is dictated by several factors including product characteristics, history, nature of the hazards, and intelligence information. For example, meat is a highly perishable product with demonstrated capability of transmitting foodborne pathogens and is subject to 100% inspection. The actual food sampling rate is approximately

1% which is similar to the FDA sampling rate. Products must be held intact until test results are available and rapid methods are available for testing of perishable products. Special projects are conducted to supplement routine import operations

Effective Working Relationships Are Key to Controlling Imported Food Risks

The roles and responsibilities of the CFIA and Canadian Border Services Agency are established in a Memorandum of Understanding. Both agencies share the goal of controlling at contamination at the source whenever possible and work collaboratively to track down contaminated products that may slip through border ports. The CFIA and US FDA work together closely to coordinate port activities to ensure that food products refused entry by one country do not enter the other. Staff turnover creates an ongoing need for establishing and/or maintaining personal networks between decision-makers on both sides of the border. Experience has proven that there is no substitute for effective face-to-face relationships.

- ***The (Food)borne Identity: Locating Rogue Pathogens in the United States & Canada***

Speakers:

Vinita Dubey, MD, MPH, Associate Medical Officer of Health, Toronto Public Health

Joan Trankle, National Consumer Complaint Coordinator, U.S. Food and Drug Administration

Dr. Dubey shared the case study, "Tainted Carrot Juice and Botulism in Toronto," illustrating successes and challenges encountered during the 2006 public health investigation and food emergency response. Ms. Joan Trankle provided an overview of the U.S. Food and Drug Administration's (FDA) comprehensive complaint system.

Botulism: Human Illness Investigation

Botulism represents a unique public health challenge in that it is a rare disease with severe and sometimes atypical symptoms and can be difficult to diagnose. Humans can be exposed to the toxin via multiple routes further complicating efforts to rapidly identify the source of isolated cases. Public health authorities in the United States identified four botulism cases in Georgia and Florida in September 2006. The ProMED listserv provided alerts of these carrot juice-associated cases during the month of September. On September 29, the U.S. Food and Drug Administration warned consumers of the contaminated product and urged consumers to properly refrigerate these juice products. Media coverage resulted in the daughters of two severely ill Toronto residents determining that the recalled carrot juice was in their parents' home. The parents were both hospitalized with ill-defined neurological syndromes. Toronto Public Health sent an Urgent Health Alert on October 4 to emergency room and infectious disease physicians.

Food Supply Response

Carrot juice samples were gathered from the patients' home on October 3 for testing. On that same day, a provincial food inspector found the recalled juice product still available for sale. On October 6, Toronto Public Health issued a press release and provincial and federal authorities initiated a blitz to ensure recalled juice had been removed from retail shelves. The recalled juice was found being offered for sale in 13 of 2,868 Toronto stores visited over the next few days. Over 5,600 stores were visited across Ontario as a part of this resource intensive effort.

Incident Management System

The Toronto Incident Management System (IMS) was implemented to marshal resources and coordinate response efforts. Extensive media coverage placed significant drains on agency resources as staff sought to address inquiries by primary health care providers, medical laboratory staff, concerned citizens, and the media. Response agencies sought to ensure proper treatment of ill persons and to prevent additional illnesses through: 1) primary prevention (ensuring recalled products were no longer being sold); and 2) secondary prevention (ensuring effective public notification and case finding to address recalled products already in consumer homes).

Lessons Learned

- Public health and food regulatory officials need to shorten the information-sharing loop. The traditional hierarchical reporting cycle from local agencies to state to federal (USA) to federal (Canada) to provincial to local agencies simply takes too long. The ProMED listserv can be a powerful information-sharing tool in these settings.
- Public health notifications continue to play important roles in foodborne illness responses at multiple levels. These include: 1) assisting food retailers to identify products that should be taken off their shelves; 2) informing consumers who may have already purchased recalled products; and 3) alerting health care providers who may be dealing with diagnostic challenge and severe health threat.
- IMS is an important tool for multi-agency response coordination and effective communication.
- Information sharing is not always enough to ensure effective food recalls. A coordinated blitz of federal and provincial food regulators was needed to ensure that recalled products were removed from sale.

FDA Consumer Complaint System

Complaint monitoring and investigation can be thought of as a form of post-marketing surveillance. These efforts have provided valuable information that has: 1) provided an interface between government and consumers; 2) resulted in product recalls; 3) helped refine inspection and product surveillance priorities; and 4) resulted in additional preventive actions by food manufacturers. This form of surveillance also has limitations that chiefly revolve

around the challenge of converting sometimes-vague consumer reports into actionable information. Examples include: 1) consumer symptoms are frequently of unconfirmed gastrointestinal syndromes that are prone to misdiagnosis; 2) "last meal bias" commonly makes it difficult to accurately link food(s) with an individual person's illness; 3) gastrointestinal illnesses can be transmitted via multiple routes; 4) illness information is captured in a number of relatively unlinked areas (health care providers, local public health agencies, food regulatory agencies); and 5) consumer complaints are strongly influenced by media coverage. Because of these factors, complaint investigation has not proved to be an effective early warning system for foodborne illness outbreak detection.

Recent Complaint Data

The number of consumer complaints received by FDA typically ranges from 4,600 to 6,000 per year. Approximately 70% of complaints were food-related in Fiscal Year (FY) 2006. The following examples of complaints related to recent food and animal feed contamination incidents provide a sense of how the nationwide complaint system data fluctuates during major interstate outbreak events.

- *E. coli* O157:H7 infections associated with fresh spinach consumption (September 2007)
    - FDA received 194 complaints
- *Salmonella* Tennessee infections associated with peanut butter (February 2007)
    - 557 complaints received
- Melamine contamination of pet food (March 2007)
    - 18,000+ complaints received in 3 months

The sheer volume of complaints received during the melamine contamination incident highlighted the need for an on-line complaint reporting system.

FDA Field Operations Structure

The FDA's nationwide complaint investigation network connects the 19 FDA District Offices. A consumer complaint coordinator has been identified in each office with the Office of Emergency Operations providing additional 24/7 support. FDA staff review complaint data daily for trends and verify that follow up was appropriate. Given both the volume of consumer complaints and resource limitations, the FDA triages responses to ensure timely responses to the highest risk incidents. Risk-based priorities are established based on a number of criteria including: 1) illness severity; 2) extent of exposure; and 3) credibility of information linking illness with a specific product. Examples of high priority complaint investigations include those related to: 1) infant formula or baby food; 2) significant food injury or illness; 3) allergic reactions; 4) adverse events associated with dietary supplement, and 5) suspected tampering. Electronic reporting to the national Field Assignment Compliance Tracking System (FACTS) database is used to more effectively manage the increasing volume of calls being received.

Communicable disease specialists can speed investigations of potential foodborne illness by helping FDA gather the following information from consumers: 1) complete description of

the food product(s); 2) food manufacturing plant name and location; 3) production date; 4) lot number; and 5) expiration date.

- ***Connecting the Dots: An Interactive Session***

Facilitators:

Andrea Ellis, DVM, MSc, Associate Director, Foodborne, Waterborne, and Zoonotic Infections Division, Public Health Agency of Canada

Ewen Todd, PhD, Director, Food Safety Policy Center, Professor, National Food Safety & Toxicology Center, Michigan State University

This session provided participants an opportunity to reflect on information learned throughout the conference (pre-meetings, plenary session, tabletop exercise, break out sessions). Facilitated discussion identified potential areas for future collaboration.

Conference Recapitulation

Conference speakers highlighted recent communicable and foodborne illness incidents including the international traveler with drug resistant tuberculosis, multiple food contamination events, and explored both strengths and potential weaknesses in the existing international food safety net. Specific discussion areas included:

- Laboratory testing methods (both preliminary and confirmatory);
- Surveillance methods to monitor baseline data and detect unusual fluctuations;
- Early detection/incident recognition through investigation of complaints, individual illnesses, and outbreaks;
- Information sharing through increased networking and formal agreements; and
- Data and trend analysis to refine existing programs

Conference speakers and participants highlighted the large number of initiatives intended to strengthen systems that are currently underway at all levels of government.

Updating International Agreements and Networks

Multiple presenters stressed the important role written procedures play in developing transparent and understandable frameworks for multi-agency problem solving. The new International Health Regulations (IHR) provide a legal mechanism for sharing public health information and coordinating response actions. National emergency contacts and IHR Focal Points have been identified who are expected to work collaboratively to ensure appropriate international sharing of relevant information. The International Food Safety Authorities Network (INFOSAN) is used for this purpose. Participants emphasized that it would be useful at this point to clarify how these systems integrate with other systems already used by local and state/provincial authorities. Examples include ProMed, EpiX, FoodSHIELD, and the Canadian Integrated Outbreak Surveillance Centre. It might be helpful to provide staff

with training illustrating how existing protocols such as the Canadian Foodborne Illness Outbreak Response Protocol to Guide Multi-Jurisdictional Response, integrate with IHRs.

Risk Based Resource Allocation

Improved coordination of local, state/provincial, and federal resources often hinges on identification of clear priorities and clarifying agency roles in pursuing these them. The current era of decreasing government resources emphasizes the need to ensure resources are dedicated to controls with maximum potential for disease control. They further emphasized the importance of government and private sector collaboration to identify cost-effective and sustainable strategies to protect the food supply. Managing, monitoring, and communicating voluntary food recalls were identified as areas where increased multi-agency collaboration would be helpful.

Regional Networks and Relationship Building

Conference presentations identified that, while a wealth of information is currently available, the challenge is to prioritize and convert it into actionable information. This Great Lakes Border Health Initiative (GLBHI) conference was an important step in strengthening linkages between food regulatory and public health professionals at all government levels in the Great Lakes region. The GLBHI provides a proven mechanism for identifying priority areas for collaboration while better integrating state/provincial and local professionals in the international health and safety network. Participants identified the on-going need for collaborative efforts that clarify agency roles, responsibilities, procedures and perceptions. This would make multi-disciplinary responses more consistent, predictable and transparent. The GLBHI's Food Protection and Defense Subcommittee could serve as a core nucleus of individuals committed to working together towards these goals.

Potential Areas Of Future Collaboration

The following areas were identified during the interactive discussion:

- Sponsor additional activities during times of non-crisis – workshops, tabletop exercises, sharing of protocols and procedures – to foster effective multi-agency working relationships.
- Maintain accurate 24/7 contact information. The GLBHI contact list document is well done and should be expanded to include additional disciplines (food protection and defense).
- Expand early notification protocols to include a wider range of professionals responding to public health incidents including disease investigators, communications, and food regulatory officials.
- Share current strategies used for development of risk-based allocation of resources based on objective criteria (examples include: severity of disease, extent of exposure, public interest).

Tabletop Exercise

A four-hour tabletop exercise titled, "A Collaborative International Border Exercise: Response to Foodborne Outbreak," was conducted on June 14, 2007 at the Great Lakes Border Health Initiative Conference in Niagara Fall, New York, USA. There were 168 participants from Georgia, Illinois, Michigan, Minnesota, Nebraska, New York, Ohio, Pennsylvania, Vermont, Washington D.C., Wisconsin, Ontario, Quebec, and border tribes/first nations. This exercise emphasized the cross-border communications and information sharing processes in response to the potential consequences of a communicable disease emergency. The exercise participants sat in pre-assigned seats in small working groups (with 6-8 participants). The seat assignments were an attempt to have a variety of agencies, jurisdictions, and health professionals represented in each working group. Each working group read two modules containing information about an *E. coli* outbreak affecting the U.S. and Canada. After reading each module, the working group discussed their responses to questions provided to them. After the working groups completed their discussions, the facilitator led a large group "report out" and discussion session.

The group evaluations of the tabletop exercise suggested that the tabletop training met most of its objectives for most of the participants. The tabletop exercise was designed around four learning objectives:

Objective 1: Demonstrate cross border crisis communication utilizing formal mechanisms described in the Great Lakes Border Health Initiative Public Health Emergency Communication Guideline.

Objective 2: Describe the necessary steps to conduct surveillance and outbreak control processes in a cross border communicable disease emergency.

Objective 3: Develop familiarity of the role of multiple laboratories and their procedures associated with a communicable disease outbreak.

Objective 4: Discuss community containment response efforts between local, state/provincial and federal agencies.

Individual participant evaluations were completed by 112 participants (67% participation rate). The participants completed six 5-point quality ratings of the tabletop exercise. The majority of participants agreed that the tabletop exercise was relevant, effective, realistic, clearly articulated, and valuable. The highest ratings were for the relevance and the clarity of the exercise. The majority of participants rated the exercise as "very useful" (57%) or "extremely useful" (19%). Only 20% indicated the exercise was "somewhat useful" and 4% indicated the exercise was "a little useful." No participants rated the event as "not at all useful." The participants also provided answers to open-ended questions about their perceptions of the tabletop exercise. Participants also identified that, while progress is being made to develop general consensus on use of incident command system principles during international outbreak responses, much more remains to be done to develop specific workable strategies. Examples of areas of continued uncertainty include: 1) how Joint

Information Centers will meet the information needs of all levels of government; and 2) how to implement an international management system with standard terminology. Participants expressed interest in better defining the specific mechanisms to provide surge capacity during emergencies in the face of current legal and political limitations on the movement of people, information, and equipment across international borders.

Appendix 1

Food Subcommittee Meeting Notes
Great Lakes Border Health Initiative 2007 Conference
Partnerships to Improve Identification of International Infectious Disease Issues
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Pre-conference Meetings June 13, 2007

Conference organizers emphasized that bringing together communicable disease control and food protection and defense professionals could not be timelier. Recent examples fresh in every ones mind including recent outbreaks associated with *E. coli* O157:H7 contamination of fresh spinach, and *Salmonella* Tennessee contamination of peanut butter. Food is frequently the vehicle for transporting disease-causing agents across state, provincial, and national borders. The new Food Protection and Defense Subcommittee is a welcome addition to the GLBHI framework. GLHBI exists to promote such collaboration and multi-disciplinary capacity development across the United States and Canadian border. The signing of agreements to share public health data across the international border is just one tangible demonstration that GLBHI participants are moving forward.

2007 – 2008 Focus Areas
Participants agreed that the Subcommittee needed to focus on achieving specific objectives. Two areas were identified as overarching short-term priorities:

- Improved early identification of food emergencies, and
- Better coordinated and rapid responses to these events.

Participants then discussed specific collaborative strategies they felt would be most productive in achieving these priorities.

Network Building

The diversity of food regulatory structures between GLBHI participating agencies at the local, state, provincial and national levels was highlighted as an ongoing challenge. This diversity makes it difficult for communicable disease control and food regulatory professionals to identify who the decision makers are, what information they need to act, and how this information can be most effectively shared to prevent human illnesses.

Participants highlighted the importance of complementing efforts of other food safety associations and initiatives. Examples include:

- Ontario Interagency Food Safety Committee, Imports – improving coordination of actions to intercept and exclude unsafe and illegal products.
- Annual meetings of FDA and Canadian officials from northern border states and provinces
- Association of Food and Drug Officials and it's regional affiliates, and
- National Environmental Health Association (USA).

This could best be accomplished by expanding the multi-disciplinary make of this subcommittee and including agencies like the United States Department of Agriculture, Department of Homeland Security, and Canada Border Services Agency.

Development of Communication Protocols

Subcommittee members agreed to share summaries of agency roles, responsibilities, and contact information with each other and with other GLBHI Subcommittees. GLHBI has a Public Health Communications subcommittee that has already generated 24/7 contact lists for other specialists. The existing GLBHI communications tools can be expanded to include food regulatory professionals.

Promote Geographically Accessible Tabletop Exercises and/or Meetings

Participants identified effective inter-agency working relationships – knowing the authority, resources and capabilities of each agency – as being foundational to early disease detection and effective emergency responses. The GLBHI annual conference provides an excellent model for both information sharing and relationship building. Subcommittee members felt the mix of presentations, tabletop exercises, and breakout groups were ideal. Participants identified the need for making activities geographically accessible and promoting these at the local and state/provincial levels to foster improved multi-agency coordination.

Participants recognized that many of the individuals they need to work with during food emergency responses were unable to attend this meeting due to travel restrictions. Canadian partners in particular had difficulties getting here because the US Centers for Disease Control and Prevention provides the bulk of GLBHI funding. Canadian participants cannot utilize this funding source.

FoodSHIELD Website – see www.foodshield.org

Dr. Carrie Rigdon, National FoodSHIELD Coordinator, at the National Center for Food Protection and Defense (NCFPD) provided a presentation on this potentially powerful new networking tool designed to better connect food, agricultural and public health agencies. This web-based information sharing system, funded by U.S. federal dollars through the NCFPD, is designed to complement other existing networks – e.g., eLEXNET and LabDIR for laboratories. The benefit of the program is to help bridge the gap between health and agriculture/food people. There is a hope to expand to include health or at least link to systems they use (Health Alert Networks, EpiX)

The AgDIR component that is currently under development will identify primary and secondary contacts for the state and local food and agricultural agencies in USA. These agencies include state departments of agriculture, health, and environment, as well as local agencies. Developers are looking for input on how to make it more user friendly and useful and are evaluating what information should be available to whom.

Acknowledgments

The following individuals contributed to the development of GLBHI Food Safety and Defense Component proceedings:

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